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T. BURCH FEB 6 2017

COVER LETTER

TO:	Charter Section Division of Cor					
CHIDI	ECT: ELOY BRO	THERS INC				
SUDS	JECI:	Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Busi 15, F.S.	ness
Please	e return all corresp	ondence concerning this	s matter to:			
YULI	EN ELOY					
		Contact Person				
ELOY	BROTHERS INC					
		Firm/Company				
2715	53RD TERR SW					
	······································	Address				
NAPI.	LES, FL 34116					
		City, State and Zip Code	e			
-	rothers@yahoo.com					
	E-mail address: (t	o be used for future annu	ual report notifica	tion)		
For fu	urther information	concerning this matter,	please call:			
YULI	EN ELOY		_at (308-18	853	
	Name of Co	ontact Person	Area Co	ode and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
■ \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2017

YULIEN ELOY 2715 53RD TERR SW NAPLES, FL 34116

SUBJECT: ELOY BROTHERS INC Ref. Number: W17000004402

We have received your document for ELOY BROTHERS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 517A00001150

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately	prior to the filing of this Certificate of Convers	sion is:	
ELOY BROTHERS LLC	L16-45022		
Enter Name of	Other Business Entity	. 7	
2. The "Other Business Entity" is a	A	E	
(Enter entity type. Example: limi general partnership, common law	ited liability company, limited partnership, sy or business trust, etc.)	10 10 10 10 10 10 10 10 1	FILED
first organized, formed or incorporated under the laws of	FLORIDA	유 (고 #9 61 : C1 #4	Ö
(Enter state, or if a non-O.	.s. entity, the name of the country)	ែដ៏	
on State of the Pusiness Entity"	was first organized, formed or incorporated		
 3. If the jurisdiction of the "Other Business Entity" was organized, formed or incorporated: COLLIER, COUNTY, FLORIDA 4. The name of the Florida Profit Corporation as set fort 	·		
ELOY BROTHERS INC	the many according to the control of		
Enter Name of F	Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective	01/10/2017 e date:		
(The effective date: 1) cannot be prior to nor more the Department of State; <u>AND</u> 2) must be the same as the if an effective date is listed therein.)	an 90 days after the date this document is file effective date listed in the attached Articles	of Inco	rporation
Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department		ate will	not be

Signed thisday of	, 20	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: YULIEN ELOY Printed Name: YULIEN ELOY Title: PRESID		n selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s	s).]
Signature: Julii Ul		-
Printed Name: YULIEN ELOY	Title:	-
Signature:		-
Printed Name:	Title:	-
Signature:		- 432 - 432
Printed Name:	Title:	77 FZ
Signature:		8 - 3 4888
Printed Name:	Title:	HIEED
Signature:		
Printed Name:	Title:	- A M &
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
2715 53RD TERR SW	SAME	
NAPLES, FL 34116		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized	is:	
BUSINESS LEGAL PURPOSE		
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	1. (L.O.)	B-3 PH 12: 43
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ARTICLE IV SHARES The number of shares of stock is:	4.**	_
ARTICLE V INITIAL OFFICERS AND/OF	R DIRECTORS	
Name and Title:	Name and Title:	
Address: 2715 53RD TERR SW	A 11	
NAPLES, FL 34116	Address:	
11 + 17 1 - 18 1 - 19 1	Name and Title:	
Name and Title:		
Name and Title: Address:		
Address:	Address:	
Address:	Address:	

The name	e and Florida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	YULIEN ELOY		
Address:	2715 53RD TERR SW		
	NAPLES, FL 34116		APP 3
<u>ARTICL</u>	E VII INCORPORATOR		FEB LAHA
The name	and address of the Incorporator is:		の意味と
Name:	YULIEN ELOY		FILED -3 PM ARY OF S SSEE, FL
Address:	2715 53RD TERR SW	LOR	PM I2: 43 OF STATE E, FLORIDA
	NAPLES, FL 34116		見形も
******** Having be this certifi	**************************************	**************************************	at the place designated in this capacity
	Juli Ch	01/10/2017	
	Required Signature/Registered Agent	Date	-
I submit t document	this document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false in felony as provided for in s.817.155, F	formation submitted in a S.
_[4	who UN	01/10/2017	_
	Required Signature/Incorporator	Date	е